

Medicaid Eligibility Changes

EPACE/DCS/MAA

July 2003

CHANGES



- Income verification
- 6 month review
- Rescind continuous eligibility
- Premiums

- Eliminate MI program
- CommunitySpouse ResourceAllowance
- Limit COPES cases

Income Verification

Old Policy:

 Household declaration of income is used to determine eligibility for Children's or Pregnancy medical.

New Policy (4/1/03):

- Households must verify their income for Children's and Pregnancy medical at:
 - Application
 - Eligibility review
 - Six month report

How Will Income Be Verified?

- Employer contact by telephone or employer statement
- ACES Interfaces
- Wage stubs, award letters
- Inquiry access to with other system (SEMS, SOLQ, GUIDE)
- Collateral contacts
- TALX

6 Month Review

Old Policy:

- Clients on Family and Children's medical receive a 12 month certification period.
- An eligibility review is completed at the end of 12 months to receive continued medical.

New Policy (7/1/03):

- Clients on Family and Children's medical will receive a 6 month certification period.
- An eligibility review is completed at the end of 6 months to receive continued medical.

6 Month Review

- Policy takes effect July 2003;
- Client will need to complete and return a 6-month review;
- Cases will close at 6 months for no review;
- Reported changes will be acted on; and
- Income changes will be verified.

Rescind Continuous Eligibility

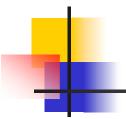
Current Policy:

- Children's and
 Pregnancy medical are certified for 12 months.
 Changes do not affect eligibility during the certification period.
- Exceptions: moved out of state, death, loss of contact, child turns 19.

New policy:

- Children's medical certified for 6 months from last review.
- Changes will be acted upon and medical eligibility recalculated.
- Note: Pregnancy Medical will retain continuous eligibility.

Premiums



Current Policy:

No premiums
 required for clients
 receiving Children's
 Medical.

Proposed policy:

- Premiums required for optional children:
 - 1. Apply Sneede-Kizer rules if applicable;
 - Determine if child must pay premiums;
 - Premium based on <u>net available</u> <u>income.</u>





Premiums will be required for the following groups of optional children:

<u>Age</u>

<u>Income above</u>

0 - 1

185% FPL

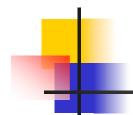
1 - 5

133% FPL

6 - 19

100% FPL





FPL

Premium amount

100% to 150% \$15

151% to 200% \$20

201% to 250% \$25

Household max = total of 3 highest premiums



Eliminate MI Program

- Effective 7/1/03, the MI program is eliminated.
- Hospitals may submit applications for retroactive medical until 9/30/03.
- No approval for time periods after 6/30/03.
- No program to replace MI.

Alternatives to MI



- Voluntary inpatient psych new PII program.
- ITA pay through MMIS same as before.
- If possible disability, send for ODI.
- If alien, emergency condition, see about AEM.



Community Spouse Resource Allowance

Current Policy

 CS gets to keep up to \$90,660 in resources when spouse is institutionalized and on Medicaid.

New Policy

- For spouse institutionalized on/after 8/1/03, CS keeps up to \$40,000, or
- CS keeps ½
 community
 resources up to
 \$90,660.



Limit on COPES Program

Current Policy

- Maximize community placements.
- Program growth unrestricted.

New Policy

- Growth limited to 1%.
- Additional unduplicated clients will be placed on waiting lists.





Information on upcoming medical program changes can be found at:

http://fortress.wa.gov/dshs/maa/Program Changes2003/

Questions?

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